

5. No. 2
M-2-43
5-17-39
PI X35697

12109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1947

Registration District No. 123

Primary Registration District No. 3021

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 704 S. 2nd St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 86 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 56

(c) City or town Desoto
(If outside city or town limits, write "RURAL") 2

(d) Street No. 704 S. 2nd St.
(If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SUSAN ELIZABETH BARNETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1947 hour 7 minute 45 a. M.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married; divorced WIDOW

6. (b) Name of husband or wife THOMAS K BARNETT

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1st 1947 to 2 Dec 1947
that I last saw her alive on 1 Dec 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 5 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Senility
arterio-sclerotic cardiovascular disease
Due to Idiopathic Epilepsy

Duration yes.
yes.

9. Birthplace Jefferson Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. INDUSTRY OR BUSINESS

12. Name Levi Renick

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Virginia McNeil

15. Birthplace Osceola Hill (City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Virginia Daniels

(b) Address 704 S. 2nd St. Desoto Mo.

17. (a) Burial (b) Date thereof Dec 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre Mo.

18. (a) Signature of funeral director Samuel B. Daniels

(b) Address Desoto Mo.

19. (a) 12/10/47 (b) Marie Harris
(Date received local registrar) (Registrar's signature) 1463

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul V. McPherson (M. D. or other) M.D.
Address Desoto Mo. Date signed 3 Dec 47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District No. 12-17-47
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delato Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.